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Ophthalmic Literature

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Edited by EDWARD JACKSON. Assisted by WILLIAM H. CRISP.

WAR.

The antagonism of war to peaceful industries, the useful arts and the progress of science, is newly illustrated in the field of ophthalmology. The 12th International Ophthalmological Congress was well-nigh forgotten when it was time for most of those expecting to compose it to leave their homes, and those who had already started to attend it found themselves engrossed in the problem of getting away from the seat of actual hostilities.

Of sixteen ophthalmic journals regularly expected from continental Europe, but four have been received during the month of August; and these were probably sent out before hostilities began. It is likely next month we will receive still fewer. Many of these journals will suspend publication until the war is over. Some will never resume. Of the active contributors who have been extending the bounds of our science, and improving our art, scores will be named in the lists of the dead.

Libraries accumulated by slow growth of centuries, hospitals and laboratories, representing lives of effort, and promising generations of usefulness to their communities, and wider benefits by their contributions to ophthalmic science and art, have already been wiped out of existence. In return for these losses we shall have a few statistical papers, and accounts of striking and exceptional injuries. Whether Germany shall conquer or be conquered, the spirit that animated Graefe, Helmholtz, and Hirschberg in their lives of eminent service to science and humanity, is for the time obscured. It may never again give German ophthalmology the leading place it has occupied for the last half century.

When the causes of this catastrophe are studied, how insufficient they appear! How contradictory and confused, and poorly supported, are the reasonings by which the various rulers seek to justify their appeal to the savage tribunal of war. Some day statesmen will study the laws of nature and of human nature, as natural laws are being studied by men of science; and will study the possible application of social forces to the service of human needs, as natural forces are studied by inventors and manufacturers. They will look forward to the possibilities of the future, unblinded by territorial ambitions and military pride. Then science and the beneficent arts will find conditions under which they can develop normally and continuously; and can command the interest and support they deserve. Now they have to subordinate themselves to standing armies, and the barbaric display of an aristocracy resting on military force directed by selfish cunning.

With individual students, travel and study classes and members of scientific congresses scattered throughout Europe, with the regular supply of scientific literature interrupted, with a famine of essential drugs already in sight, (the price of homatropin and of holocain has doubled and is still rising), with the best fruits of civilization in jeopardy from this return to savagery; it ought to be understood that the common interests of the world, in science, industry, and business have become too great to be left to the mercy of military arrogance, or the opposing interests of those who furnish military supplies. War between nations must follow the personal duel, the family feud, the struggle of clans. It must give place to control by disinterested parties acting for the more general good.

TO STOP SPECIALIZATION IN IGNORANCE.

For one who prepares himself for a particular branch of medical practice by adequate special study there are a score who call themselves general practitioners, but remain unfit for general practice by voluntary ignorance of important departments of practical medicine and surgery. The ophthalmologist would be loath to admit ignorance of the more important facts of internal medicine. But he meets daily with self-styled "general practitioners" who proclaim that they "know nothing about the eye," with pride as well as truthfulness.

This attitude of willing and satisfied ignorance toward the so-called specialties has been taken by medical students partly because of the attitude towards these important branches of medicine on the part of influential academic authorities and teachers. The matter was the subject of a discussion opened by Dr. A. Maitland Ramsay, of Glasgow, in the Section on Ophthalmology of the recent Aberdeen meeting of the British Medical Association. At the close of the discussion the Section unanimously recommended "to the Council of the British Medical Association that not only should a course of Ophthalmology be compulsory, but that every student should pass an examination in the subject before he obtained his qualification to practise."

While ophthalmology has been well taught in most British Medical Schools, and the curriculum often offers the student admirable opportunities to qualify himself in this branch, it has figured but little in the examinations admitting to practice; and it has often been neglected by the student under the influence of a desire to concentrate effort on what would count in the examination.

To improve such a situation the remedy proposed seems well chosen. In America the placing of the Professor of Ophthalmology on the list of full professors, giving him an equal vote on the graduation of the student, and providing for the formal examination in this branch, has caused the student to cram ophthalmology much as he crams other branches. But there is something more to be desired.

A real respect for the branch, a real desire to know something about it, will come when the teachers of other branches appreciate

its importance, and if they cannot boast of their knowledge of it, can at least regret their ignorance. It ill becomes the teacher of any branch of medicine to speak slightingly of other branches. If he have the right spirit he will approach any part of the science of medicine with interest, and he will be ready and glad to learn all he can of it.

BOOK NOTICES.

The American Encyclopedia of Ophthalmology, volume IV, edited by **Casey A. Wood,** of Chicago, assisted by a large staff of collaborators. Pages 2307 to 3130. Fully illustrated. Chicago: Cleveland Press, 1914. Price $6.00 per volume.

The buyer of the Encyclopedia may feel that he is getting a very valuable work of reference, and yet not look in it for much that is new, and may not expect of it what he would of a monograph important enough to purchase. Such a subscriber for the encyclopedia will be pleasantly surprised when he turns to the section on "Comparative Ophthalmology." Here in a section of 244 pages he will find by far the best account of the subject that has yet appeared in English, and for the needs of the practical ophthalmologist the best account that has appeared in any language. Published and illustrated separately (as this is, with 19 plates and 124 illustrations in the text) such a monograph might well command the price of the whole volume. It represents not only a review of the literature of the subject, but also a large amount of original work done by the Editor and Dr. J. R. Slonaker. Such a monograph appearing alone would deserve extended review. Here we can only call attention to the section that it may not be entirely overlooked among other and more immediately practical subjects.

The brief section on Colloid Bodies (Drusen, hyaline bodies) with its colored plate and four illustrations in the text is a small, but excellent example, of the way this volume is packed with valuable information. A considerable part of the volume, nearly 150 pages, is devoted to color, color blindness, color perception, theories, etc., arranged under 150 different headings. The section on Congenital Anomalies of the eye constitutes a monograph of 198 pages. The appended bibliography being some 15 pages. The last 130 pages are occupied by sections devoted to the conjunctiva or conjunctivitis.

This work is not without faults. But they are so generally those which inevitably result from the attempt of a few devoted workers to perform a task enormously important, but disproportionately great, that there is little reason to mention them. The article on "Color vision, Theories of," would certainly be of more value if it gave due consideration to the writings of Edridge-Green on the subject, instead of confining the discussion to the Young-Helmholtz and the Hering theories; although Edridge-Green has no cause to complain of neglect in other sections dealing with practical aspects of color testing and color blindness.

May, Charles H., New York. **Manual of Diseases of the Eye** for Students and General Practitioners. Eighth Edition. 440 pages, 377 illustrations. New York: William Wood and Company, 1914. Price $2.00 net.

Its eighth edition testifies to the continued popularity of the Manual of Diseases of the Eye among the members of the general medical profession, for whom it has been prepared. We have previously noticed the principal reason for such popularity (Volume 1, p. 133). Its revision to date is shown in the account of such novelties as the Schiötz tonometer, and Elliot's operation of sclero-corneal trephining.

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Tarducci, A. New Diploscope for Determination of Vision and Simulation of Amblyopia. (6 ill.) Ann. di Ott., v. 43, p. 278.

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Bietti, A. Bitemporal Hemianopsia of Traumatic Origin. (Annali di Ottalmologia, 43rd year, p. 260.)

It is easy to understand that bitemporal hemianopsia following traumatism is a rare occurrence, when we consider that for such a change in the visual fields to take place it is necessary that the traumatism should affect solely the crossed fibers of the optic chiasm. Bietti summarises eight cases previously recorded in the literature. In some of these the chiasmal lesion was accompanied by lesions of various cranial nerves, while in other cases such further lesions were lacking. In all of these previous cases the facial nerve was either not mentioned or was explicitly stated not to have been involved. In some cases the sixth nerve was involved, and in other cases hearing or smell was affected. The pupillary reaction varied.

In Bietti's case, the patient was a man of 21 years who was injured by a fall in the mountains, and remained comatose for twelve days. There were two scalp wounds, one in the right temporo-parietal region, and the other in the right parieto-occipital region. There had been profuse hemorrhage from the mouth, and hemorrhage from the ears. There was loss of memory. The visual acuity when the patient had recovered sufficiently to travel to the clinic was R. 5/50, L. counting fingers at one meter. The pupils were equal, and both reacted to light, either directly or consensually, although the reaction of the right eye was more marked than that of the left. Both pupils reacted freely to convergence. Each visual field showed a typical temporal hemianopsia, with a sharply vertical line of demarcation, but in the right eye passing five degrees beyond the vertical at the fixation point. The right disc was of normal color, the left pale throughout, with narrowed arteries. A somewhat crude test of the hemiopic reaction showed absence of pupillary reaction when the light fell on the nasal halves of the retina, and a feebler reaction to light falling on the temporal half of the left than on the temporal half of the right retina. Further disturbances included left facial paresis; relative increase of the patellar reflex on the right side as compared with the left; and marked retraction, opacity, and thickening of the tympanic membranes. An X-ray photograph failed to reveal any lesion at the base of the cranium.

The left visual field rapidly diminished in size and finally disappeared completely; and the nasal field of the right eye became somewhat contracted. The vision of the right eye improved from 5/50 to normal, and this fact leads Bietti to believe that the nerve disturbances were mainly due to a hemorrhage which at first compressed the chiasm, and also involved the fibers of the left papillomacular bundle. The disturbance of the crossed fibers of the chiasm, as affecting the left eye, was later followed by progressive atrophy of the direct fibers. The slight secondary contraction of the visual field of the right eye also suggests a limited degeneration of the direct fibers to this side. In any case, however, the lesion seems to have been limited for some time to the crossed fibers.

Elschnig, A. Studies in Sympathetic Ophthalmia. Refractometric Experiments as to Sympathetic Irritation. (Graefe's Archiv für Ophthalmologie, v. 88, p. 392.)

The efficacy of the tests made depended upon the fact that the colloidal content of a fluid influences its refractometric value in very marked degree; so that even a slight increase of albumen in the aqueous humor is readily detected. The experiments were made upon rabbits, monkeys, and dogs. The results are stated as follows: (1) After irritation of one eye no sort of change in the aqueous of the second eye is manifested within from thirty minutes to one hour. (2) Severe inflammation of one eye provokes in the course of fourteen days no change in the normal eye. (3) Regeneration of the aqueous humor of the second eye during severe inflammation of the first eye occurs in perfectly normal fashion. Thus, in the three kinds of animal experimented upon, no change in the conditions of circulation or nutrition of the second eye occurs, either as an immediate result or after prolonged inflammation of the first eye.

Fleischer, B. Juvenile Retinal Periphlebitis With Its Results—A True Vascular Tuberculosis of the Retina. (Klinische Monatsblätter für Augenheilkunde, v. 52, p. 769.)

A man of 36 years, suffering from pulmonary tuberculosis, appeared with retinal periphlebitis whose first symptoms were associated with hemorrhages into the vitreous. In the course of further observation the original foci of disturbance gradually became almost

entirely healed, although in the meantime there had been some further hemorrhages. During this period the anterior segment of the eyeball continued entirely normal, but in the fundus there were some older isolated peripheral chorioretinal foci. Six months later a papillitis developed in the same eye. About a year after the first consultation the other eye developed a nodular iritis, and at the same time extensive hemorrhagic disease of the retina of this eye was discovered, manifestly due to breaking down of rather large veins in consequence of periphlebitic foci. The disease of the anterior segment later resulted in glaucoma and enucleation.

In view of the outspoken tuberculous character of the nodular disease of the anterior segment of the right eye, and of the simultaneous existence of severe pulmonary and glandular tuberculosis, there could be no doubt as to the clinical diagnosis of tuberculous retinal periphlebitis. Microscopic examination of the enucleated eyeball confirmed the tuberculous character of the changes both in the anterior and in the posterior segment. In all the larger and a number of the smaller veins were found pathological changes, in some instances consisting of nodular deposits along the vessel walls, and in others of tubular envelopes of epithelioid and giant cells. Although it was impossible to demonstrate the actual presence of tubercle bacilli, yet the histologic appearance left no doubt as to the specifically tuberculous character of the tissue changes.

Comparing the ophthalmoscopic and microscopic findings, Fleischer states that the extensive retinal hemorrhages were seen under the microscope as massive hemorrhages in all the layers of the retina as well as behind and in front of it, and especially in relation with the blood vessels. The white opacities seen along the blood vessels were represented by cellular proliferations.

Hertel, E. Experimental Studies as to the Dependence of Ocular Pressure Upon the Composition of the Blood. (Graefe's Archiv für Ophthalmologie, v. 88, p. 197.)

Experiments were conducted upon rabbits with various crystalline and colloidal substances. At first these were fed to the animals by mouth, but it was soon found desirable to introduce the solutions directly into the venous blood, either by the jugular or by one of the auricular veins. In addition to the variations in intraocular pressure the changes in blood pressure were also recorded. Solutions were always introduced at body temperature. The crystalline substances employed included sodium chloride, sodium sulphate, sodium phosphate, sodium bicarbonate, sodium acetate, sodium oxybutyrate, sodium isovalerianate, grape sugar, and urea. Other substances used were water, gelatin, white of egg, yolk of egg, horse serum, human serum, and transfused blood.

A ten per cent. solution of sodium chloride caused a reduction in the intraocular pressure so great that even with the smallest weight of the Schiötz tonometer no excursion of the indicator could be obtained. (The eye was "as soft as pulp," "breiweich.") In most of the animals the experiment was well tolerated, the ocular tension returning to normal. The weaker the solution injected the less the reduction in tension, until the injection of a large amount of 0.7 per cent. sodium chloride solution caused a rise of tension; and this increase of tension was still more pronounced after injection of a 0.45 per cent. solution. In general the action of the other salts used was analogous to that of sodium chloride, that is to say, the higher per cent. solutions reduced the ocular tension, while the lower raised it. The same was relatively true of grape sugar and urea. In high concentrations both caused a softening of the eye.

The effect of these various substances therefore appears to have depended upon the osmotic concentration of the solutions used, inde-

pendently of the nature of the individual substance. Thus the view of Marx and Ehrmann, that lowering of ocular pressure in experimental diabetic coma produced by the introduction of oxybutyric salts is due to a specific action of these salts, does not appear to be well founded.

Injection of ten per cent. sodium chloride solution caused a diminution of from 0.1055 g. to 0.2563 g. in the water content of the eye. Referring to Fischer's contention that the increased tension of glaucoma is due to a special acidity, Hertel comments that this factor could not have played a part in his series of experiments, since on the one hand a rise of tension followed the injection of neutral and weakly alkaline solutions of certain strengths, and on the other hand injection of a five or ten per cent. solution of acid sodium phosphate resulted in marked lowering of the ocular pressure. The blood pressure was affected either not at all, or in an irregular fashion which was not related to the variations in intraocular tension.

Experiments with 8.6, 6.1, and 1.4 per cent. solutions of pure gelatin gave results surprisingly similar to those from the salt solutions. Higher per cent. solutions caused a distinct lowering of tension, whereas the 1.4 per cent. solution produced a decided rise of tension. In the experiments with the strongest solutions (which were decidedly toxic to the animals) the blood pressure was considerably raised, so that the reduction in ocular pressure could hardly be regarded as secondary to change in blood pressure.

The results of the tests with white and yolk of egg, and with horse and human serums, were in general agreement with the tests previously referred to, and furnished further proof of the dependence of the ocular tension upon the composition of the blood. Horse serum produced less effect than human serum in lowering the tension, but no difference of action could be discovered as between human serums of different origin. Thus, marked softening of the eyeball was obtained with the serum of normal individuals, of glaucoma patients, with diabetic and uremic serums, and with the serum of a patient who died from poisoning with carbon monoxid gas.,

With transfused rabbit blood the results obtained differed from all those hitherto described. Transfusion of from 44 to 124 g. per kilo produced practically no change in ocular tension, although an increase in the general blood pressure was observed. The explanation is to be sought in the fact that the composition of the blood was not changed, at least for some hours after the transfusion occurred. The osmotic regulation accompanying injection of the other solutions was not called into play by the transfusion of blood.

Van Lint. Temporary Paralysis of Lids in Cataract Extraction. (Annales d'Oculistique, v. 151, p. 420.)

The loss of vitreous during cataract extraction results from pressure during closure, or attempted closure of the lids. To enable the operator to do extraction with more security and less haste, various measures have been advised. Van Lint has resorted to an injection of a solution of novocain, 0.02; adrenalin 1 to 1000 solution, one drop; chloride of sodium, 0.006; water, one cubic centimeter. This is diluted with an equal quantity of water, or physiologic serum immediately before use. This solution is injected hypodermically from a point over the malar bone, along the lower margin of the orbit, and an equal amount along the external margin, close to the bone. The effect produced is a physiologic interruption of the motor nerve filaments distributed to the orbicularis. Paralysis of the orbicularis follows in about twenty minutes, or sooner if the parts are subjected to mas-

sage. The patient can usually still close the lids, but not forcibly. This regional paralysis continues one or two hours.

Zur Nedden. Pupillary Inequality Resulting from Unilateral Central Corneal Scar. (Klinische Monatsblätter für Augenheilkunde, v. 52, p. 844.)

During long-continued observation of some industrial accident cases, the author's attention was drawn to occasional cases in which, a long time after the development of a dense central corneal scar, the pupil of the affected eye became permanently larger than that of the sound eye. The presence of other diseased conditions, as well as the influence of prolonged atropinisation upon the tonicity of the sphincter muscle, could be excluded; since the anisocoria was to be found only in cases in which the scar was central, and also since the dilatation of the pupil in each case only developed at some distance of time from the formation of the scar. In each case, moreover, the pupillary reaction remained normal. Two cases of the kind are described individually. In both the scar was secondary to corneal ulcer following injury. In the first case the vision of the affected eye was reduced to 1/20 by a scar 3 mm. in diameter. Three months after healing there was no pupillary inequality. A year later the pupil of the injured eye was 2 mm. larger than that of its fellow, the difference being constant under physiological mydriasis and miosis. The visual acuity had increased to 1/7, and the patient had recovered good binocular estimation of depth. The corneal scar had undergone no appreciable clearing. In the second case the scar was 3.5 mm. in diameter. When the eye was shaded the visual acuity was 1/10, whereas with the light shining into it and in near vision the eye was practically blind, on account of the pupil being contracted so as to be entirely covered by the scar. No change was discoverable during the first three months, especially as regards the size of the pupil. But eighteen months later the pupil of the injured eye was 1.5 mm. broader than that of the sound eye. This was especially marked when the eye was shaded, at which time the visual acuity was 1/3. In this case also good binocular perception of depth had been recovered. There had been no appreciable clearing of the scar. The author has seen six other cases of a like order. In two of these cases a marked clearing of the scar occurred in course of time, without the pupillary inequality disappearing. Zur Nedden regards the unilateral dilatation of the pupil as being due to the effort of the visually weaker eye to again take part in bilateral vision. The phenomenon was only observed in a small proportion of cases of unilateral central corneal scar.

Kümmell, R. Atrophic Conjunctivitis with Symblepharon Formation. (Archiv für Augenheilkunde, v. 77, p. 200.)

The condition described was observed seven times in the course of a year in the Erlangen clinic. The ages of the patients varied from 58 to 81 years. All belonged to the country population, and by their occupations had been constantly in the open air, exposed to wind and weather. All but one gave a history of having had bad eyes for many years. In the early stages the conjunctiva was thinner and smoother than the normal, especially on the lower lid, whereas no changes were to be seen on the upper lid. In the later stages the conjunctiva took on an appearance seen occasionally in very chronic trachoma. It was smooth but not velvety, its color not red but whitish red, and at times actually whitish. Sometimes the impression was almost conveyed that the conjuctiva was covered with a caustic scab. The conjunctiva bulbi was often finely wrinkled. The plica and caruncle took part in the moderate general atrophy, the outlines of the former being often more or less obliterated, and the caruncle sometimes only represented by a small yellowish-red spot. A char-

acteristic sign was the formation of adhesions between the eyeball and the lower lid, the site of predilection being the lower lacrimal punctum. In only one case was there such an adhesion of the upper lid; and as differentiated from trachoma the characteristic trachomatous scarring of the upper lid was entirely lacking.

Vinsonneau. Ocular Lesions of Epidemic Cerebro-spinal Meningitis. (Archives d'Ophthalmologie, vol. 34, p. 349.)

From an epidemic of twenty-seven cases of cerebro-spinal meningitis occurring in Angers, two developed serious ocular lesions. One suffered from iridochoroidits, which appeared after the first week, but was not seen until about the eighteenth day, when there was increased lacrimation and hyperemia. The eye was soft, with the anterior chamber obliterated, the pupil bound down and vision lost. There had been no complaint of pain. The retina became detached, and progressive atrophy of the eyeball followed. In the other case neuritis was present. A boy of 20 months had been sick four days when admitted to the hospital. When examined on the seventeenth day there was no light perception, and no reaction of the pupils. The ophthalmoscope showed double papillitis with swelling of the disc, parapapillary edema, engorgement of the retinal veins, and narrowing of the arteries.

In view of the tendency for lesions to reach an advanced stage without attracting attention, Vinsonneau urges the importance of examination of the eyes early in all cases of meningitis. To combat such lesions he advises repeated lumbar punctures, with injections of anti-meningococcic serum. All cases of ocular involvement in an epidemic should be collected and published, to throw light upon the clinical type, which varies greatly in different epidemics.

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Viestnik Ophthalmologie, Moscow, Russia.
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